



ZPR INTERNATIONAL, INC.

P. Luksio Str. 32, 5th Floor
LT-08222 Vilnius, Lithuania
Tel/Fax: +370 (5) 2747016, 2747017
E-mail: office@ipv.lt
www.zprinternational.com

October 15, 2010

Honorable James M. Peck
Courtroom 601
One Bowling Green
New York, New York 10004

Re: Lehman Brothers Holdings Inc., et al. Debtors
Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)

ZPR International Inc. Claim Number 6530
Originally filed: 7/28/2009
Classification and Amount: ADMIN: \$216,000.00

Dear

We object to the request to disallow and expunge our claim. The objection was based on the fact that we inadvertently did not fill in the Case Number and Debtor name in the boxes on the form. This omission was probably made because our claim is against the lead Debtor and under the main claim number.

We are enclosing a new claim form with all the information.

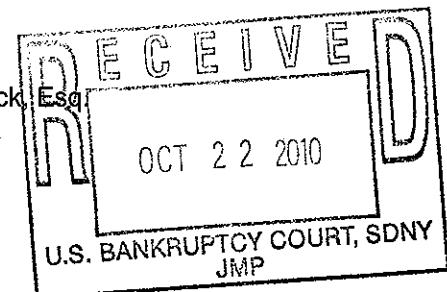
Sincerely,

Max Zavanelli,
President

CC: Weil Gotshal & Manges LLP
767 fifth Avenue
New York, New York 10153
Attn: Shai Waisman, Esq.

The Office of the United States Trustee for the Southern District of New York
33 Whitehall Street
21st Floor
New York, New York 10004
Attn: Andy Velez-Rivera, Esq., Paul Schwartzberg, Esq., Brian Masumoto, Esq.,
Linda Riffkin, Esq., and Tracy Hope Davis, Esq.

Milbank, Tweed, Hadley & McCloy LLP
1 Chase Manhattan Plaza
New York 10004
Attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq., and Evan Fleck, Esq.



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re
LEHMAN BROTHERS HOLDINGS INC., et al.,
Debtors.

Chapter 11 Case No.
08-13555 (JMP)
(Jointly Administered)

LBH OMNI46 09-24-2010 (MERGE2,TXNUM2) 4000053191 MAIL ID *** 0033526413 *** BSIUSE: 80

ZPR INTERNATIONAL INC.
1642 NORTH VOLUSIA AVENUE
ATTN: MAX ZAVANELLI
ORANGE CITY, FL 32763

**THIS IS A NOTICE REGARDING YOUR CLAIM(S). YOU MUST READ IT
AND TAKE ACTION IF YOU DISAGREE WITH THE OBJECTION.**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE OBJECTION,
PLEASE CONTACT DEBTORS' COUNSEL,
ERIK ENCARNACION, ESQ., AT 214-746-7700.**

**NOTICE OF HEARING ON DEBTORS' FORTY-SIXTH OMNIBUS
OBJECTION TO CLAIMS (NO DEBTOR CLAIMS)**

CLAIM TO BE DISALLOWED & EXPUNGED		
Creditor Name and Address: ZPR INTERNATIONAL INC. 1642 NORTH VOLUSIA AVENUE ATTN: MAX ZAVANELLI ORANGE CITY, FL 32763	Claim Number: 6530	Date Filed: 7/28/2009
	Classification and Amount: ADMIN: \$ 216,000.00	

PLEASE TAKE NOTICE that, on September 24, 2010, Lehman Brothers Holdings Inc. and certain of its affiliates (collectively, the "Debtors") filed their Forty-Sixth Omnibus Objection to Claims (No Debtor Claims) (the "Objection") with the United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").¹

The Objection requests that the Bankruptcy Court expunge, reduce, reclassify, and/or disallow your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED on the ground that said claim violates the Bankruptcy Court's July 2, 2009 order setting forth the procedures for filing proofs of claim in these chapter 11 cases [Docket No. 4271], as it was submitted without specifying a case number or a Debtor against whom the claim is asserted. Any claim that the Bankruptcy Court expunges and disallows will be treated as if it had not been filed and you will not be entitled to any distribution on account thereof.

If you do NOT oppose the disallowance, expungement, reduction, or reclassification of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you do NOT need to file a written response to the Objection and you do NOT need to appear at the hearing.

If you DO oppose the disallowance, expungement, reduction, or reclassification of your claim listed above under CLAIM TO BE DISALLOWED & EXPUNGED, then you MUST file with the Court and serve on the parties listed below a written

¹ A list of the Debtors, along with the last four digits of each Debtor's federal tax identification number, is available on the Debtors' website at <http://www.lehman-docket.com>.

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Merit, LLC, Chapter 11 Case No. 09-17331 (JMP) In Re: LB Somerset LLC, Chapter 11 Case No. 0917503 (JMP) In Re: LB Preferred Somerset LLC, Chapter 11 Case No. 09-17505 (JMP)			
Name of Debtor Against Which Claim is Held Case No. of Debtor Lehman Bros. Hldg. Inc 08-13555 (JMP)			
<p>NOTE: This form should not be used to make a claim for an administrative expense arising <u>after</u> the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) LBH (CREDITOR, DBF, CREDNUM) CREDNUM #1000151475 ZPR INTERNATIONAL INC. 1642 N. Volusia Ave Orange City, FL 32763 Attn: Max Zavanelli Telephone number: 386-775-1177 Email Address: max@zprinternational.com		THIS SPACE IS FOR COURT USE ONLY	
Name and address where payment should be sent (if different from above) Telephone number: Email Address:		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: 6530 <i>(If known)</i> Filed on: 7/28/2009	
 		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 216,000.00 If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(<u> </u>).	
2. Basis for Claim: Third Party Payment due (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: 6926 3a. Debtor may have scheduled account as: 6926 (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ Amount entitled to priority: \$ _____	
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)		FOR COURT USE ONLY	
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (<i>See definition of "redacted" on reverse side.</i>) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
Date: Oct. 15 2010	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Max Zavanelli.</i>		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

FROM : ZPR INT ATST

FAX NO. : +3702731659

Sep. 26 2002 12:00PM P1

**Agreement Between
ZPR International, Inc.
And The Subscriber**

WHEREAS, ZPR International, Inc. ("ZPR") provides certain Investment Data, defined as: models, methodologies, quantitative techniques, databases and reports ("Investment Data") which ZPR prepares and updates on a regular basis and which are available through ZPR's software and reports as well as other research services and reports ZPR may, from time to time prepare and provide; and

WHEREAS, LEHMAN BROTHERS ("Subscriber") desires to subscribe to the Investment Data and research services to have them provided on Subscriber's behalf to OppenheimerFunds, Inc. ("OFI") which has been on a continuing basis since 1998.

NOW THEREFORE, it is hereby agreed as follows:

1. ZPR provide the Investment Data and research services to OFI through the Subscriber in accordance with the working arrangement between OFI and ZPR since 1998.
2. Subscriber will pay to ZPR fees for such Investment Data and research as approved by OFI under the general working arrangement between OFI and ZPR applicable to it.

The Subscriber is paying on behalf of OFI using soft dollar services.

3. This Agreement is effective from the date hereof unless terminated by Agreement between OFI and ZPR or replaced with a more specific Agreement between OFI and ZPR.

Entered into this 25th day of September, 2002

Max Zavanelli Sept 25

Signature Date

Doug Leo 9/27/02

Signature Date

MAX ZAVANELLI PRESIDENT
Name & Title

Doug Leo, Vice President
Name & Title

For:

ZPR International, Inc.
Ukmerges Str. 41-513
Vilnius, LT-2034
Lithuania

For:

Lehman Brothers
745 7th Ave
Third Floor
New York, NY 10019



ZPR INTERNATIONAL, INC.

P. Lukšio Str. 32, 5th Floor
LT-08222 Vilnius, Lithuania
Tel/Fax: +370(5) 2747016, 2747017
E-mail: office@ipv.lt
www.zprinternational.com

September 9, 2008

Kimberley Potocznak
Lehman Brothers
Commission Mgt. Group
745 7th Avenue, 16th Floor
New York, NY 10019

Subject: Research Invoice #5 2008

Bill to: Lehman Bros.
On behalf of Oppenheimer Funds, Inc.

Ship to:

Dr. Marc Reinganum
Oppenheimer Funds, Inc.
Two World Financial Center
255 Liberty Street, 11th Floor
New York, NY 10281-1008

For: Research Services

ICX + IE System on the OFI Universes + REITS	\$202,500
<i>October/November/December 2008</i>	
Internet Database Updates	\$13,500
Total Research Services:	\$216,000

Please arrange payment to **ZPR International, Inc.** Due upon receipt.
For your convenience, please send payment to:

Max Zavanelli
1642 N. Volusia Avenue
Orange City, FL 32763

Thank You,

Max Zavanelli
President

CC: Dr. Marc Reinganum, OFI
Alvaro Arza, OFI
Mary Ervolino, Lehman Brothers

United States Bankruptcy Court/Southern District of New York
Lehman Brothers Holdings Claims Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076

PROOF OF CLAIM

<p>In Re: Lehman Brothers Holdings Inc., et al. Debtors.</p> <p>Name of Debtor Against Which Claim is Held</p>	<p>Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)</p> <p>Case No. of Debtor</p>	<p>UNIQUE IDENTIFICATION NUMBER: 1000151475</p> <p>Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000006530</p> 
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</p>		
<p>Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)</p> <p>LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000151475***** ZPR INTERNATIONAL INC. 1642 NORTH VOLUSIA AVENUE ATTN: MAX ZAVANELLI ORANGE CITY, FL 32763</p> <p>Telephone number: <u>386-775-1177</u> Email Address: <u>MAX.ZAVANELLI@ZPR.COM</u></p>		
<p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p>		
<p>Name and address where payment should be sent (if different from above)</p> <p>Telephone number: _____ Email Address: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>		
<p>1. Amount of Claim as of Date Case Filed: \$ <u>216,000</u></p> <p>If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete Item 5.</p> <p>If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.</p> <p><input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.*</p> <p><input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.*</p> <p>*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is a based on a Derivative Contract or Guarantee.</p> <p>2. Basis for Claim: <u>THIRD PARTY PAYMENT DUE</u> (See instruction #2 on reverse side.)</p> <p>3. Last four digits of any number by which creditor identifies debtor: <u>6926</u> 3a. Debtor may have scheduled account as: <u>6926</u> (See instruction #3a on reverse side.)</p> <p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p> <p>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ <u>216,000</u> (See instruction #6 on reverse side.)</p> <p>7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain:</p> <p>Date: <u>7/27/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><u>Max Zavanelli</u> <u>MAX ZAVANELLI</u> <u>PRESIDENT</u></p>		
<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</p>		
<p>FOR COURT USE ONLY</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED / RECEIVED JUL 28 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC </div>		